| (E) | 86 <u></u> | | GARAGETT TANKE AT ANNAGA | |
|---|--|------------------------|--|---|
| EXECUTIVE LOBBYING EXI | | REPORT | 98 Executive Lobbyist Registration No. | |
| COVERING JANUARY 1 - JUNE 30, 24 COVERING JANUARY 1 - DECEMBER Asil to: the Board of Ethics, 2415 Quail Dr., 3rd OR ax to: (225)763-6787 or (225)763-8780 | DI - DUE AUGUST | RUARY 15 | , p | OR OFFICE USE ONLY COST OF STATE OF STA |
| 1. Name Albright | Seff. | MI | | 3070348 |
| 2. Business Address: 9818 Blue Street and No. | channet Bi | vd., Balon State | Roscia Esp 70810 | SCANNEL AUG 1 5 7007 |
| Mailing Address | ************************************** | 20 | | ву: 🕞 |
| 3. Business Phone 225-819-8 | A S A S T S A S A S A S A S A S A S A S | | | ALIDITED |
| | elephone Number | | ~ | AUDITED |
| Total of all executive lobbying expenditure (include expenditures from Schedules A and it | s made January 1 thro 3) | ugh June 30: S | <u>-0-</u> | —— AUG 1.5 2007 Ru: <∽ |
| Total of all executive lobbying expenditures (When Applicable) (Include expenditures from | s made July 1 through on Schedules A and B) | December 31: \$ | 200 3000 | Ву: |
| Total of all executive lobbying expenditures (Line 4 added to Line 5 should equal Line 6) | s made during calends | uryean: S | 0- | *********** 8 |
| 7. Did you make an expenditure exceeding \$5 | O on one occasion for | an executive branch | official: | |
| From January 1 through June 307 From July 1 through December 31? | Yes 🔲 Yes 🗀 | ≥ 20 | na 🗆 | 2001 AUG |
| If the answer to either question in Number | 7 above is YES, comp | plere Schedule A and | attach. | 61.3 13.00 14.00 15.00 1 |
| 8. Did you make expenditures exceeding the s | um of \$250 for an exe | curive branch official | b | |
| From January 1 (brough June 30? From July 1 through December 31? | Yes 🗆 Yes 🗖 | No E | NA 🗍 | 2:37 |
| If the answer to either question in Number | 8 above is YES, comp | lete Schedule A and a | सर 8 टोट. | |
| Did you expend funds for any reception, so officials were invited during this reporting; | cial gathering, or other | er function to which : | more than twenty-f | ive executive branch |
| Yes | | No 🗹 | | |
| If the answer to Number 9 above is YES, on | mplete Schedule B an | d attach. | AND DE | LIVERED |
| Form 507. Rev. 7/04 | Page 1 | ~f .5 | | nbered pages were ad no information |

| 2) | a. Name of Department and Individual Agency: | (California) | |
|----|---|--------------|--|
| | b. Total of all-expenditures made january 1 through June 30: | S | |
| | c. Total of all expenditures made July 1 through December 31: {When applicable} | \$ | |
| | d. Total of all expenditures made during the calendar year: | 5 | |
| 3) | a. Name of Department and Individual Agency: | | |
| | b. Total of all expenditures made January 1 through June 30: | \$ | |
| | c. Total of all expenditures made July 1 through December 31: (When applicable) | . | |
| | d. Total of all expenditures made during the calendar year: | \$ | |

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.